

2008 FRANKLIN COUNTY MICROGRANT PROGRAM



Application

*Franklin County Tourism Office
Department of Commerce and Leisure Services
2150 Sontag Road
Rocky Mount, Virginia 24151*



Franklin County Tourism Office
Department of Commerce and Leisure Services
2150 Sontag Road
Rocky Mount, VA 24151
540-483-9293, ext 24
www.franklincountyva.org

Program Overview and Important Notices

- Applications are due to this office no later than 5:00 P.M. on Friday, April 11, 2008. They can be mailed or hand-delivered to 2150 Sontag Road, Rocky Mount, Virginia 24151. Mailed applications must be **RECEIVED** by the 5:00 P.M. deadline on April 11, 2008. Grant forms and instructions are also available online at www.franklincountyva.org. The review panel will submit their recommendations to staff by the middle of May. Staff will present a summary of the recommendations to the Board of Supervisors for their consideration/action in June.
- If you received funds in the past and failed to complete the necessary reporting, you will not be eligible for grant support in 2008.
- All grant recipients will be required to maintain a website.
- The maximum amount of the Microgrant to any one applicant, event, activity, or project is \$5,000.
- All projects receiving funding from the Franklin County Tourism MicroGrant Program are required to visually/audibly display the brand identity – Franklin County: A Natural Setting for Opportunity. The County of Franklin also reserves the right to require brand identification of any advertising approved as part of the application and /or require that the applicant display appropriately the county's tourism website www.franklincountyva.org or apply a link from the grantee's website to the county's website.
- The County reserves the right to require the placement of surveys or allowance of County representatives to survey participants and/or guests at the County's expense. Data obtained from surveying attendees at an event can be extremely valuable to both the County and your organization in deciding where and how to market events. The County agrees to share all data received related to your event with your organization.
- The beginning project date will be no earlier than July 1, 2008. No costs incurred before the date of approval will be paid for or reimbursed by the Grant and the period of service of all invoices must fall within the beginning and ending project dates specified on the project application, unless otherwise approved in advance in writing by the Department. Your project must be completed and billed prior to June 30 each fiscal year.
- Awards under this program shall include, but not be limited to events, fairs and festivals, as well as other projects promoting the tourism industry in Franklin County. Only Franklin County-based businesses or organizations may receive grant funds. The grant funds can only support events hosted within Franklin County.
- The grant application must include a complete description of the project no more than three pages in length, an attached media breakout, and completed Contact Information page, Project Budget, Funding Sources, Disclosure, and Application Certification.
- The applicant shall disclose in the application any financial benefit that will be received, if the application is approved, by any entity in which the applicant organization, its representatives or its employees have an ownership interest.

- Approved grant recipients shall provide the Department of Commerce & Leisure Services final written examples of the advertising program supported by the grant as well as copies of any print ads, brochures, etc. A Project Summary Report, detailing the outcomes of the event will also be required. (Project Summary Report forms will be provided to successful applicant upon approval of application)
- Any desired changes to the approved grant must be submitted to the Department in writing and receive the County's written approval before changes can be made. Any request for modification must be submitted in the "Grant Modification Request" format provided with the grant application.
- Supporting documentation may include, but not be limited to, media invoices (i.e., radio, television or publication invoices), appropriate tear sheets, and vendor/supplier invoices. Advertising expenses and other recaps of media and creative invoices must be accompanied by supporting documentation.



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Application Assessment Criteria

Grant requests will be scored and reviewed by a team made up of professionals in the tourism field. These outsider evaluators will score the grant requests using the following criteria:

- **Leveraging** – How would County funds help secure more event support?
- **Regional Marketing** – How far does your reach stretch for attracting tourists?
- **Realistic Requests** – There are limited funds available so where will they do the most good?
- **Economic Impact** – How many new dollars will you bring into the County? You should strive to provide as much quantifiable data as possible.
- **Partnering** – The number and depth of community supporters and partners your event/activity brings to the table will be examined.
- **Financial Need** – A significant factor in judging applications will be the financial need of the event. Will these funds provide the crucial dollars necessary to really jumpstart the project?
- **Growth Markets** – Does your event have the potential to grow within any of the emerging tourism niches? Think about what makes your event/activity unique or special so that people would want to travel from over 100 miles away to participate in it. Look at tourism literature and market research – what areas are growing and how can we bring them to Franklin County?
- **Freshness Matters** – This fund is not meant to support annual events, but it will support new and growing events. Again, this is risk capital not a subsidy. If you are proposing support for an existing event, count on needing to bring something new to the event in order to be competitive.
- **Overall Professionalism and Presentation** – Demonstrate that your group is truly prepared to make this event/activity happen as proposed in the application. Detail in planning makes all the difference in the world – show us that you have thought the event through.
- **Marketing** – While grant funds are not limited to supporting marketing efforts, it is our intent that County funds be primarily used in this manner. Have a detailed marketing plan prepared and show where you will apply County funds. Remember, earned media and paid media have the same effect – show us the strategy your group will work to secure both. Keep the overall program goal in mind – we invest in you to help enhance Franklin County’s visibility AND bring new tourists to our community. Clearly advertising and marketing is a, if not the, major component of this goal.
- **General Fit** – How does your event/activity fit within the County’s overall direction for lifestyle marketing? How does your event tie into our “Natural Setting for Opportunity” strategy?



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Project Description

No more than a total of three (3) 8 ½” x 11” typed pages can be submitted with this application (12 pt font).

1. **NAME OF EVENT OR ACTIVITY / CONTACT INFORMATION / EVENT DATE**
2. **DESCRIPTION** – Provide a detailed description of the project or event. Some things to include would be: location of the event, what activities are planned, dates and times for the event, what is the history of the project, are revenues used for some community purpose, what is the schedule for the day, do you have special guests or acts coming, etc. In short, we want to know anything and everything about your project that you feel is important. This is the area of the application where you have the most leeway in convincing the committee that yours is a worthwhile project to support.
3. **MARKETING** – Describe the marketing plan you propose to follow. Where do you plan to advertise and when? Why did you select those publications or avenues? What type of attendees do you expect to come to your event (local, out-of-towners, young, college-educated, etc)?
4. **PAST PERFORMANCE** – If this event/activity has received MicroGrant support in the past, you must include outcomes from previous years. What were your past attendance numbers? How did your actual revenues and expenses compare to your estimates? What could have been done better and how is it addressed this year? How did the event’s performance in years before you received MicroGrant assistance compare to after? How will receiving the MicroGrant this year make a difference over previous years? If your project has never received MicroGrant assistance before, what was your event’s past performance and what will be different due to the MicroGrant funds?
5. **PARTNERS** – Please identify partners within the community that are supporting this event. Please describe the type of support (financial, in-kind, or in some other way). Tell us why the community is behind your event.
6. **OTHER FUNDING SOURCES** – Please describe other sources of financial support for this program/activity.
7. **OTHER AREA EVENTS** – What other tourism-related events will be occurring within a sixty miles radius of your event during your event’s proposed dates? What other events similar to yours occur within a thirty mile radius anytime during the year and what sets your event apart as different or unique?
8. **ATTRACTIVENESS** – What makes your proposed event unique or special for the area which will help attract tourists and further recognition of Franklin County as a great tourism destination?



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Contact Information

If you are applying for the Tourism MicroGrant to cover more than one program for your organization each program must be listed on a separate Contact Information Form and submitted together.

Name of Submitting Organization

Mailing Address/City/State/Zip

Physical Address of Program – (ie. Franklin County Recreation Park, Bernard’s Landing, Farmer’s Market)

Point of Contact Telephone Number

Work

Cell

Point of Contact Email Address

Program Website Address

Federal Employer Identification Number (FEI#) or Social Security Number

Financial Commitment from your organization to your program.

Name and Title of Authorized Person/Point of Contact

Signature of Authorized Person/Point of Contact

Date



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Media Breakout Form

ADVERTISING – PRINT MEDIA (Newspaper, Magazine)

| Name of Publication | Designated Market Area (DMA) | Issue Dates | Size of Ad | Circulation | Cost | Target Audience/Message |
|---------------------|------------------------------|-------------|------------|-------------|------|-------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

- Total Newspaper Ads: \$ _____
- Total Magazine Ads: \$ _____
- **TOTAL PRINT MEDIA: \$ _____**

ADVERTISING – BROADCAST MEDIA (Radio, Television)

| Station Name | Designated Market Area (DMA) | Schedule | Number and Size of Spots | Cost | Target Audience/Message |
|--------------|------------------------------|----------|--------------------------|------|-------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

- Total Radio: \$ _____
- Total TV: \$ _____
- **TOTAL BROADCAST MEDIA: \$ _____**

COLLATERAL MATERIAL (Printing of brochures, etc.)

| MATERIAL DESCRIPTION | Date of Publication | Target Audience/DMA | Specifications- List Quantity, Page Size Number of Pages and Color/B&W | Distribution Outlets | Printing Cost | Anticipated Ad Revenue (if selling ads) |
|----------------------|---------------------|---------------------|---|----------------------|---------------|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

• **TOTAL COLLATERAL MATERIALS:** \$ _____

BILLBOARDS:

| Name of Supplier | Dates | Location | Size | Estimated Traffic Count per Month | Space Cost | Target Audience/Message |
|------------------|-------|----------|------|-----------------------------------|------------|-------------------------|
| | | | | | | |
| | | | | | | |

• **TOTAL BILLBOARDS:** \$ _____

PRODUCTION, DESIGN/OTHER:

| Source of Expense | Radio | Television | Print | Billboard | Collateral (includes direct mail pieces, brochures, etc.) | Postage/Mailing | Distribution |
|-------------------|-------|------------|-------|-----------|---|-----------------|--------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

- **Total Production:** \$ _____
- **Total Other:** \$ _____
- **TOTAL PRODUCTION/OTHER:** \$ _____

TOTAL ADVERTISING PROGRAM: \$ _____
 APPLICANT MATCHING FUNDS: \$ _____
 TOTAL COUNTY FUNDS REQUESTED: \$ _____



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Media Breakout Example

The Media Breakout Example is included in this file for your review only. You must use an appropriate Media Breakout Form so you have your own blank form to fill in.

ADVERTISING – PRINT MEDIA (Newspaper, Magazine)

| Name of Publication | Designated Market Area (DMA) | Issue Dates | Size of Ad | Circulation | Cost | Target Audience/Message |
|---------------------|------------------------------|-------------------|------------------|-------------|---------|-------------------------|
| Charlotte Observer | Charlotte, NC | 2/1/00, 1/8/00 | 1/6 Pg 1/4 Pg | 350,000 | \$750 | Dated Event |
| Family Circle | NE region | 1/00 | 1/6 Pg | 5M | \$1,500 | Dated Event |

- **Total Newspaper Ads: \$ 750**
- **Total Magazine Ads: \$1,500**
- **TOTAL PRINT MEDIA: \$2,250**

ADVERTISING – BROADCAST MEDIA (Radio, Television)

| Station Name | Designated Market Area (DMA) | Schedule | Number and Size of Spots | Cost | Target Audience/Message |
|--------------|------------------------------|---------------------------|------------------------------|-------|-------------------------|
| WJYP-Radio | Charleston, WV | w/o 2/2/00, w/o 2/9/00 | 25 x 60 sec. 15 x 60 sec. | \$500 | Dated Event |
| WTAK-TV | Richmond, VA | w/o 2/2/00, w/o 2/9/00 | 12 x 30 sed. 10 x 30 sec. | \$750 | Dated Event |

- **Total Radio: \$500**
- **Total TV: \$750**
- **TOTAL BROADCAST MEDIA: \$1,250**

COLLATERAL MATERIAL (Printing of brochures, etc.)

| MATERIAL DESCRIPTION | Date of Publication | Target Audience/DMA | Specifications- List Quantity, Page Size Number of Pages and Color/B&W | Distribution Outlets | Printing Cost | Anticipated Ad Revenue (if selling ads) |
|-------------------------|---------------------|---------------------|---|---|---------------|---|
| Festival/Event Brochure | 1/15/00 | Family, WV, VA, TN | 15,000, 5-1/2 x 8-1/2", 16 pages, 2-color | CVB's, State Welcome Centers, Inquiries | \$600 | -0- |

- **TOTAL COLLATERAL MATERIALS: \$600**

BILLBOARDS:

| Name of Supplier | Dates | Location | Size | Estimated Traffic Count per Month | Space Cost | Target Audience/Message |
|------------------|-----------------|--------------------------|-----------|-----------------------------------|------------|-------------------------|
| LaMar | 1/15/00-2/15/00 | Main Street – Buckhannon | 12' x 24' | 6,500 | \$300 | Dated Event |

- **TOTAL BILLBOARDS: \$300**

PRODUCTION, DESIGN/OTHER:

| Source of Expense | Radio | Television | Print | Billboard | Collateral (includes direct mail pieces, brochures, etc.) | Postage/Mailing | Distribution |
|------------------------|-------|------------|-------|-----------|---|-----------------|--------------|
| Ad Agency Fees | \$50 | | \$150 | \$75 | \$50 | | |
| Supplier/Vendor | | | | | \$100 | | |
| Mailing Costs: Postage | | | | | | \$150 | |
| Distribution: MCCVB | | | | | | | \$25 |

- **Total Production: \$425**
- **Total Other: \$175**
- **TOTAL PRODUCTION/OTHER: \$600**

TOTAL ADVERTISING PROGRAM: \$5,000
 APPLICANT MATCHING FUNDS: \$2,500
 TOTAL COUNTY FUNDS REQUESTED: \$2,500



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Project Budget

Planned Project Expenditures:

1. Print Media

A. Newspaper \$ _____
B. Magazine \$ _____
C. Other \$ _____

2. Broadcast Media

A. Television \$ _____
B. Radio \$ _____

3. Printing Costs \$ _____

4. Billboards \$ _____

5. Production Costs

A. Ad Agency Fees \$ _____
B. Supplier/Vendor Cost \$ _____
C. Other \$ _____

6. Other \$ _____

Explain: _____

Grand Total Project Cost. (Must equal source and amount dedicated to project) \$ _____

Expected Project Revenues:

1. Vendor Fees \$ _____

2. Gate / Ticket Sales \$ _____

3. Concessions / Souvenirs \$ _____

4. Other: _____ \$ _____

Grand Total Expected Project Revenues. \$ _____



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Project Funding Sources

List all sources of revenue and amount dedicated to the project. In-kind contributions should be listed only in the appropriate section. Do NOT include revenues expected to be generated by the event or activity, such as ticket sales, concessions, etc.

1. Source Name: **Franklin County Tourism Office (MicroGrant)** Contribution: \$ _____
Contact Name and Phone Number: _____
2. Source Name: _____ Contribution: \$ _____
Contact Name and Phone Number: _____
3. Source Name: _____ Contribution: \$ _____
Contact Name and Phone Number: _____
4. Source Name: _____ Contribution: \$ _____
Contact Name and Phone Number: _____
5. Source Name: _____ Contribution: \$ _____
Contact Name and Phone Number: _____

In-Kind Contributions

1. Source Name: _____ Contribution Value: \$ _____
Contact Name and Phone Number: _____
Describe in-kind contribution: _____
2. Source Name: _____ Contribution Value: \$ _____
Contact Name and Phone Number: _____
Describe in-kind contribution: _____
3. Source Name: _____ Contribution Value: \$ _____
Contact Name and Phone Number: _____
Describe in-kind contribution: _____
4. Source Name: _____ Contribution Value: \$ _____
Contact Name and Phone Number: _____
Describe in-kind contribution: _____



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Disclosure

The applicant shall disclose in the application any financial benefit that will be received, if the application is approved, by any entity in which the applicant organization, its representatives, or its employees have an ownership interest.

1. Will the applicant organization receive a “direct financial benefit”* if this grant is awarded?
 Yes No

If yes, please describe the benefit to be received**:

2. Will an employee or representative of the applicant organization receive a “direct financial benefit” * if this grant is awarded:
 Yes No

If yes, please identify the employee or representative receiving the benefit and describe the benefit to be received. **: _____

3. Are there other vested interests employees or representatives of the applicant organization may have in the project?
 Yes No

If yes, please identify the individual and describe the vested interest he or she may have: _____

*“Direct financial benefit” means that a portion of the total project cost will be received by the applicant, its representative or employee or by an entity in which the applicant organization, representative or employee has an ownership interest.

**Failure to disclose this information shall result in the cancellation of any grant to the applicant organization previously approved by the Franklin County Board of Supervisors and the disqualification of the applicant organization and its representatives from future grant awards.



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“I hereby certify that the information supplied in this application is true and correct and that I have read and understand the Program Overview and Important Notices that govern this grant program and are attached. I further understand that if the grant is awarded, any changes to the grant must be submitted to the Department of Commerce & Leisure Services in writing and receive the County’s prior written approval before changes can be made. And, furthermore, that any request for modification must be submitted in the “Grant Modification Request” format provided with the grant application. I/We acknowledge that any variance from or violation of the rules and procedures governing the Franklin County Tourism Grant Program may result in non-reimbursement of any or all expenditures connected with the grant.”

SIGNATURE _____
Printed Name _____
Title _____ Date _____
Organization _____

The Franklin County Department of Commerce & Leisure Services agrees to reimburse,
_____ in the amount of \$ _____ for the _____
project, based on compliance with all procedural rules set forth in this program.

Authorized Signature Approval Date



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(EXAMPLE - TO BE PLACED ON YOUR LETTERHEAD)

GRANT MODIFICATION REQUEST *

(Date)

Franklin County Tourism Office
Department of Commerce & Leisure Services
2150 Sontag Road
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Dear Sir:

We are requesting modification to our Tourism Grant # _____, in the name of (Name of organization) for (Project Name). This grant was approved on (date grant approved) in the amount of \$ _____ for the period of (beginning project date) to (ending project date).

We propose the following changes/additions: **

1. Name of change / addition. The reason for this change/addition is _____. The cost of this change/addition will increase/decrease the project budget by \$ _____. This will increase/decrease the amount of the County grant by \$ _____ and our contribution by a(n) increase/decrease of \$ _____.

Sincerely,

(Your Name)

***IMPORTANT NOTICE:** Any changes to the grant must be submitted to the Department of Commerce & Leisure Services in writing and receive the County's prior written approval before changes can be made. Any request for modification must be submitted in the "Grant Modification Request" format.

**** Be sure to list previous budget items compared to proposed changes. All additions should include dollar amounts.**



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(EXAMPLE - TO BE PLACED ON YOUR LETTERHEAD)

REIMBURSEMENT REQUEST

(Date)

Franklin County Tourism Office
Department of Commerce & Leisure Services
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Dear Sir:

We have completed the activity/event relative to Tourism Grant # _____ as described in our grant application and approved on (date grant approved) in the amount of \$ _____ for the period of (beginning project date) to (ending project date).

We hereby request payment in the amount of \$ _____ from the Franklin County Department of Commerce & Leisure Services for the grant funds due per the award. The event summary sheet, copies of articles and advertisements, and eligible invoices are attached for your review.

Sincerely,
(Your Name)